



**CITY OF ATLANTA  
OFFICE OF MUNICIPAL CLERK**

**RHONDA DAUPHIN JOHNSON, CMC  
MUNICIPAL CLERK**

**55 TRINITY AVENUE, S.W.  
SECOND FLOOR, EAST  
SUITE 2700  
ATLANTA, GEORGIA 30335  
(404) 330-6033  
FAX (404) 658-6103**

October 26, 2000

Progressive Insurance Company  
Insurance carrier  
Trina Blake  
P.O. Box 43256  
Richmond Heights, Ohio 44143

**00-R-1606**

**RE: Gary Shum**

Dear Ms. Blake:

I sincerely regret that your client has been adversely affected by the circumstances raised in his/her claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your client's claim at its regular meeting on October 26, 2000. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division at (404) 330-6400.**

Yours very truly,

Rhonda Dauphin Johnson, CMC  
Municipal Clerk

**cc: Claims Division/Law Department**

RCS# 2337  
10/16/00  
8:35 PM

Atlanta City Council

Regular Session

MUTIPLE CLAIMS WITH FAVORABLE/Unfavor recommend  
ITEMS 1-29  
ADOPT  
00-R-1606

YEAS: 13  
NAYS: 0  
ABSTENTIONS: 0  
NOT VOTING: 1  
EXCUSED: 1  
ABSENT 1

Y McCarty	Y Dorsey	Y Moore	Y Thomas
Y Starnes	Y Woolard	B Martin	Y Emmons
Y Bond	Y Morris	Y Maddox	E Alexander
Y Winslow	Y Muller	Y Boazman	NV Pitts

MUTIPLE

**DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY**

Claim No. 99L0857

Date: September 18, 2000

Claimant /Victim GARY SHUM  
BY: (Ins. Co.) Progressive Insurance Company  
Address: P. O. Box 43256, Richmond Heights, Ohio 44143  
Subrogation: X Claim for Property damage \$ 2,779.83 Bodily Injury \$ \_\_\_\_\_  
Date of Notice: 12/17/99 Method: Written, proper X Improper \_\_\_\_\_  
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) \_\_\_\_\_  
Date of Occurrence 03/01/99 Place: 470 Armour Drive, NE  
Department Police Division: \_\_\_\_\_  
Employee involved Caroline C. Fenimore Disciplinary Action: No Action Taken

NATURE OF CLAIM: The claimant failed to yield right-of-way to an emergency vehicle thus causing the accident. Furthermore, the claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. §36-33-5, the six month statute of limitations expired prior to receipt of the claim.

**INVESTIGATION:**

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others X Written \_\_\_\_\_ Oral X  
Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police X Dept Report \_\_\_\_\_ Other \_\_\_\_\_  
Traffic citations issued: City Driver X Claimant Driver X  
Citation disposition: City Driver Dismissed Claimant Driver Dismissed

**BASIS OF RECOMMENDATION:**

Function: Governmental X Ministerial \_\_\_\_\_  
Improper Notice \_\_\_\_\_ More than Six Months X Other X Damages reasonable \_\_\_\_\_  
City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_  
Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_  
Claimant Negligent X City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - DIANNE C. MITCHELL

**RECOMMENDATION:**

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_  
Claims Manager:  Concur/date 09-18-00  
Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

PROGRESSIVEP.O. Box 43258  
Richmond Heights, OH 44123  
progressive.com

Date:

5/28/99

COMPANY:

City of Atlanta

ADJUSTER:

Chris Bezusek

FAX NO.:

(404) 658-7450ENTERED - 12-27-99 - SB  
99L0857 - DIANNE MITCHELL

Our Insured:

Our Claim No.:

Date of Loss:

Your Insured:

Your Claim/Policy No.:

Total Subrogation Balance:

(THIS FIGURE INCLUDES OUR INSURED'S \$500.00 DEDUCTIBLE)

Mary Shum  
9920 583 670  
3.1.99  
City of Atlanta  
unk  
\$2779.83

Please take this letter as formal notice of our subrogation rights with regards to the above-captioned claim. We have completed our investigation into the facts of the above-captioned loss and find that your insured was the proximate cause of the accident.

Please make your draft payable to "Progressive Insurance, as subrogee of Mary Shum", in the amount stated above and mail it to the attention of the undersigned at your earliest possible convenience.

All supporting documentation is enclosed. I have diaried my file ahead fifteen (15) days. Thank you for your anticipated prompt attention to this matter.

PROGRESSIVE INSURANCE COMPANY

Trina Blake  
Subrogation Representative  
(440) 395-3143

00- -1606

Entered - 12/27/99 - sb  
CL99L0857 - DIANNE C. MITCHELL

00- R -1606

CLAIM OF: GARY SHUM,  
through his insurance carrier,  
Progressive Insurance Company  
P. O. Box 43256  
Richmond Heights, Ohio 44143

For damages alleged to have been sustained as a result of a vehicular  
accident on March 1, 1999 at 470 Armour Drive, NE.

THIS ADVERSED REPORT IS APPROVED

BY: Rosalind Rubens Newell  
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY  
Regular Report Agenda

# ADVERSED REPORT

COM. F.S. 46.1A

10/16/00

V-000 Cleta Amador

Shum  
Dany Shum  
Woot

ADVERSED OCT 16 2000

